
State: Arkansas **Filing Company:** Celtic Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: CeltiCare Preferred 5.2 Health Plan
Project Name/Number: /

Filing at a Glance

Company: Celtic Insurance Company
Product Name: CeltiCare Preferred 5.2 Health Plan
State: Arkansas
TOI: H16I Individual Health - Major Medical
Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)
Filing Type: Rate
Date Submitted: 06/08/2012
SERFF Tr Num: CELT-128462635
SERFF Status: Closed-Filed-Closed
State Tr Num:
State Status: Filed-Closed
Co Tr Num: I5-555-00229-AR

Implementation: 10/01/2012
Date Requested:
Author(s): Juan Guerra
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 11/08/2012
Disposition Status: Filed-Closed
Implementation Date:

State Filing Description:

State: Arkansas
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Filing Company: Celtic Insurance Company
Product Name: CeltiCare Preferred 5.2 Health Plan
Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile: Not Filed
Project Number: Date Approved in Domicile:
Requested Filing Mode: File & Use Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type: Individual
Overall Rate Impact: Filing Status Changed: 11/08/2012
State Status Changed: 11/13/2012
Deemer Date: Created By: Daniel Martinez
Submitted By: Daniel Martinez Corresponding Filing Tracking Number:
PPACA: Non-Grandfathered Immed Mkt Reforms
PPACA Notes: null
Include Exchange Intentions: No
Filing Description:
June 7, 2012
NAIC #80799
FEIN #06-0641618

Jay Bradford, Commissioner
Department of Insurance
1200 W. Third Street
Little Rock, AR 72201

Re: RATE FILING
I5-555-00229-AR (CeltiCare Preferred 5.2)

Dear Mr. Bradford:

Enclosed for your information is an actuarial memorandum and new rates for the above referenced form as required by Arkansas statute.

The changes from our CeltiCare Preferred 5.1 and CeltiCare Preferred 5.2 are an adjustment to the age slope of the base rates, elimination of optional drug card option, smoker rate-ups are now based on age, separation of the preventive care base rates from the medical base rates and elimination of the Any Doc PPO and Indemnity coverage options. The plans will be marketed for effective dates starting 10/01/2012.

If you have any questions or require additional information regarding this submission, please contact me at the number listed below.

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Sincerely,

Juan J. Guerra
Senior Contract Analyst
(312) 332-8331
(312) 441-0822 –Fax
jguerra@celtic-net.com

Company and Contact

Filing Contact Information

Juan Guerra, Senior Contract Analyst
Sears Tower
233 South Wacker Drive, Suite 700
Chicago, IL 60606
jguerra@celtic-net.com
312-332-8331 [Phone]
312-441-0822 [FAX]

Filing Company Information

Celtic Insurance Company
Sears Tower
233 South Wacker Drive, Suite 700
Chicago, IL 60606
(312) 332-5401 ext. [Phone]
CoCode: 80799
Group Code: 1295
Group Name:
FEIN Number: 06-0641618
State of Domicile: Illinois
Company Type: LAH
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

Company	Amount	Date Processed	Transaction #
Celtic Insurance Company	\$50.00	06/08/2012	59955244

State:	Arkansas	Filing Company:	Celtic Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	CeltiCare Preferred 5.2 Health Plan		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Rosalind Minor	11/08/2012	11/08/2012
Approved-Closed	Rosalind Minor	06/18/2012	06/18/2012
Approved-Closed	Rosalind Minor	06/12/2012	06/12/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Health - Actuarial Justification	Juan Guerra	06/18/2012	06/18/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Rate Review Detail	Note To Filer	Rosalind Minor	10/29/2012	10/29/2012

State:	Arkansas	Filing Company:	Celtic Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	CeltiCare Preferred 5.2 Health Plan		
Project Name/Number:	/		

Disposition

Disposition Date: 11/08/2012

Implementation Date:

Status: Filed-Closed

HHS Status: Not Reported

State Review: Reviewed-No Actuary

Comment:

Thank you for updating, by post submission update, the data under the Rat/Rule tab.

We are closing the file. The submission will maintain the 6/18/12 approval date.

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Celtic Insurance Company	New Product	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

Percent Change Approved:

Minimum: %

Maximum: %

Weighted Average: %

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Health - Actuarial Justification	Filed-Closed	No
Supporting Document	Health - Actuarial Justification	Replaced	No
Supporting Document	Rate Summary Worksheet	Filed-Closed	Yes
Supporting Document	Consumer Disclosure Form	Filed-Closed	Yes

State:	Arkansas	Filing Company:	Celtic Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	CeltiCare Preferred 5.2 Health Plan		
Project Name/Number:	/		

Disposition

Disposition Date: 06/18/2012
 Implementation Date: 10/01/2012
 Status: Approved-Closed

HHS Status: HHS Approved
 State Review: Reviewed by Actuary

Comment:

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Celtic Insurance Company	New Product	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

Percent Change Approved:

Minimum: %

Maximum: %

Weighted Average: %

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Health - Actuarial Justification	Filed-Closed	No
Supporting Document	Health - Actuarial Justification	Replaced	No
Supporting Document	Rate Summary Worksheet	Filed-Closed	Yes
Supporting Document	Consumer Disclosure Form	Filed-Closed	Yes

State:	Arkansas	Filing Company:	Celtic Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	CeltiCare Preferred 5.2 Health Plan		
Project Name/Number:	/		

Disposition

Disposition Date: 06/12/2012
Implementation Date: 10/01/2012
Status: Approved-Closed

HHS Status: HHS Approved
State Review: Reviewed by Actuary

Comment:

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Celtic Insurance Company	New Product	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

Percent Change Approved:

Minimum: %

Maximum: %

Weighted Average: %

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Health - Actuarial Justification	Filed-Closed	No
Supporting Document	Health - Actuarial Justification	Replaced	No
Supporting Document	Rate Summary Worksheet	Filed-Closed	Yes
Supporting Document	Consumer Disclosure Form	Filed-Closed	Yes

State:	Arkansas	Filing Company:	Celtic Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	CeltiCare Preferred 5.2 Health Plan		
Project Name/Number:	/		

Amendment Letter

Submitted Date: 06/18/2012

Comments:

The Actuarial memorandum changes will include a Supplemental Accident benefit to the medical base rates.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Health - Actuarial Justification
Comments:	Attached is a copy of the revised CeltiCare 5.2 Health Plan.
Attachment(s):	
AR-MemorandumCC52-New.pdf	
<i>Previous Version</i>	
<i>Satisfied - Item:</i>	<i>Health - Actuarial Justification</i>
<i>Comments:</i>	<i>Attached is a copy of CeltiCare 5.2 Health Plan.</i>
<i>Attachment(s):</i>	
<i>AR-MemorandumCC52.pdf</i>	

State: Arkansas**Filing Company:** Celtic Insurance Company**TOI/Sub-TOI:** H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)**Product Name:** CeltiCare Preferred 5.2 Health Plan**Project Name/Number:** /

Note To Filer

Created By:

Rosalind Minor on 10/29/2012 02:07 PM

Last Edited By:

Rosalind Minor

Submitted On:

10/29/2012 02:07 PM

Subject:

Rate Review Detail

Comments:

As discussed in our telephone conversation on this date, I explained that I received error messages from HIOS with respect to this approval. HIOS stated that it is a new product but missing New Rate Information under the Rate Review Detail.

You should be able to populate the new rate information by doing a post submission update.

Let me know if you have any trouble.

State: Arkansas **Filing Company:** Celtic Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: CeltiCare Preferred 5.2 Health Plan
Project Name/Number: /

Post Submission Update Request Processed On 11/01/2012

Status: Allowed
Created By: Juan Guerra
Processed By: Rosalind Minor
Comments:

Company Rate Information:

Company Name:Celtic Insurance Company

Field Name	Requested Change	Prior Value
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REQUESTED RATE CHANGE INFORMATION:

Member Months:	1086	0
Min:	152.330	0.000
Max:	167.420	0
Wighted Avg.:	157.970	0

REQUESTED RATE:

Projected Earned Premium:	167,544.000	0.000
Projected Incurred Claims:	99,928.000	0.000

State:	Arkansas	Filing Company:	Celtic Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	CeltiCare Preferred 5.2 Health Plan		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	NA

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Celtic Insurance Company	New Product	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:								
Policy Holders:								

State: Arkansas
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Filing Company: Celtic Insurance Company
Product Name: CeltiCare Preferred 5.2 Health Plan
Project Name/Number: /

Rate Review Detail

COMPANY:

Company Name: Celtic Insurance Company
HHS Issuer Id: 62141
Product Names: CeltiCare Preferred 5.2 Health Plan
Trend Factors: Trend assumptions to be used in future adjustment of rates will be based on claims costs of this and similar Celtic policies as well as various indices and published journals concerning health care costs, including the Medical Cost component of the Consumer Price Index, Buck Consultants' Trend Survey, Oliver Wyman's Carrier Trend Report and Milliman's Health Cost Index. Current trend factor is +2.4% per quarter.

FORMS:

New Policy Forms:
Affected Forms:
Other Affected Forms: I5-555-00229-AR

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 1,086
Benefit Change: None
Percent Change Requested: Min: 152.33 Max: 167.42 Avg: 157.97

PRIOR RATE:

Total Earned Premium: 0.00
Total Incurred Claims: 0.00
Annual \$: Min: 0.00 Max: 0.00 Avg: 0.00

REQUESTED RATE:

Projected Earned Premium: 167,544.00
Projected Incurred Claims: 99,928.00
Annual \$: Min: 0.00 Max: 0.00 Avg: 0.00

State:	Arkansas	Filing Company:	Celtic Insurance Company
TOI/Sub-TOI:	H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)		
Product Name:	CeltiCare Preferred 5.2 Health Plan		
Project Name/Number:	/		

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Rate Summary Worksheet	Filed-Closed	11/08/2012
Bypass Reason:	New filing. Rate summary worksheet not applicable.		

		Item Status:	Status Date:
Bypassed - Item:	Consumer Disclosure Form	Filed-Closed	11/08/2012
Bypass Reason:	New filing. Consumer disclosure form not applicable.		